) |

| Fees pursuant to the C                  | ENSION OF TIME UNDER<br>FY 2005<br>Consolidated Appropriations Ac | nd Trademerk Office; U.S. DEPARTMENT OF COMM<br>on of information unless if displays 3 valid OMB control in<br>Docket Number (Optional)<br>146712015100 |                                |  |  |
|---|---|---|--------------------------------|--|--|
| Application Number                      | 10/748,70   | 84  | Filed [                        | December 30, 2003                          |  |
| or RADIAL PUMPI                         | NG OIL SEAL FOR FLUID   | DYNAMIC BEARING   | MOTOR                          |  |  |
| Art Unit 3682                           |   |   | Examiner                       | L. Footland                                |  |
| returned application.                   | the provisions of 37 CFR 1.                                       |   |                                |  |  |
| he requested extensio                   | n and fee are as follows (ch                                      | neck time period desi   |                                |  |  |
| X One month                             | (37 CFR 1.17(a)(1))   | <u>Eee</u><br>\$120   | Small Entity Fe                | <del></del>                                |  |
|   | s (37 CFR 1.17(a)(1))   | •   | \$60                           | \$ 120.00                                  |  |
| ==                                      |   | \$450   | \$225                          | \$   |  |
| =                                       | ths (37 CFR 1.17(a)(3))   | \$1020  | \$510                          | . <u> </u>                                 |  |
| =                                       | a (37 CFR 1.17(a)(4))   | \$1590  | \$795                          | \$   |  |
| Five months                             | s (37 CFR 1.17(a)(5))   | \$2160  | \$1080                         | \$   |  |
| Applicant claims                        | small entity status. See 37                                       | CFR 1.27.   |                                |  |  |
| A check in the an                       | nount of the fee is enclosed                                      | i.  |                                |  |  |
| Payment by cred                         | it card. Form PTO-2038 is   | attached.   |                                |  |  |
| The Director has                        | already been authorized to  | charge fees in this s   | ipplication to a Der           | posit Account.                             |  |
|   | eroby authorized to charge  | any fees which may l  | be required, or cre            | dit any overpayment,<br>of this sheet. Fee |  |
| I am the                                |   | submission in c   | Juplicare.                     |  |  |
|   | oplicant/inventor.  |   |                                |  |  |
| · at                                    | signee of record of the enti<br>Statement under 37 CFR            | ire interest. See 37 (<br>: 3.73(b) is enclosed.  | DFR 3.71.<br>. (Form PTO/SB/9) | a)   |  |
| ×                                       | torney or agent of record.  |   |                                | <i>»</i> ;.                                |  |
|   | ந்திர் or agent under 37 C  |   |                                |  |  |
| 001/1/                                  | Registration number if acting u                                   |   |                                | •  |  |
| Yllest!                                 | Carle and   | November 30, 2006   |                                |  |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Signature   |   | Date                           |  |  |
|   | Michael S. Garrabrants Typed or printed name                      | (415) 268-6824<br>Telephone Number  |                                |  |  |

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| Under the Paperwor   | k Reduction Act of 1895   | . No person are          | at beriuper  | U.\$. P                             | qqA<br> aperT bne fnete<br> amedia of notbe | roved for use throi<br>mark Office; U.S. D<br>tion unless it displi | ugh 7/31/2006, O | MB 0851-003<br>COMMERC |  |  |  |  |
|--|---|--------------------------|--|-------------------------------------|---|---|------------------|------------------------|--|--|--|--|
| Fees pursuont to the Cor   | 150liciated Appropriation   | ns Act. 2006 A           | U.S. Patem and Trademark Office; U.S. DEPARTMENT OF COMMERC respond to a collection of information unices it displays a valid OMB control number Complete if Known |                                     |   |   |                  |                        |  |  |  |  |
| FEE TRANSMITTAL For FY 2006  |   |                          |  | Application                         |   | 10/748,784  |                  |                        |  |  |  |  |
|  |   |                          |  |                                     |   | December 30, 2003   |                  |                        |  |  |  |  |
|  |   |                          |  |                                     |   | Michael R. TILLER   |                  |                        |  |  |  |  |
|  |   |                          | L. Footland  |                                     |   |   |                  |                        |  |  |  |  |
| Applicant dalm:  | Art Unit 36   |                          | 3682   |                                     |   |   |                  |                        |  |  |  |  |
| TOTAL AMOUNT OF  | Attorney Doc  | ket No.                  | 146712015100   |                                     |   |   |                  |                        |  |  |  |  |
| METHOD OF PAYMENT (check all that sppty)   |   |                          |  |                                     |   |   |                  |                        |  |  |  |  |
| Check Crodit Card Money Order None Other (please identify):  |   |                          |  |                                     |   |   |                  |                        |  |  |  |  |
| x Deposit Account  |   |                          |  |                                     |   | rrison & Foer   |                  |                        |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |   |                          |  |                                     |   |   |                  |                        |  |  |  |  |
| X Charge 1   | ee(s) indicated beto  | w                        |  | Ch                                  | alge fee(s) in                              | dicated below,  | except for the   | filling feo .          |  |  |  |  |
| Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  |   |                          |  |                                     |   |   |                  |                        |  |  |  |  |
| FEE CALCULATIO   |   |                          | ue upon  | filing or m                         | y be subis                                  | ct to a surch   | arge.)           |                        |  |  |  |  |
| 1. Basic filing, SEA   | ARCH, AND EXAM  | NATION FE                | ES   |                                     |   |   |                  |                        |  |  |  |  |
|  | FILING  | FEES                     |  | RCH FEES                            |   | NATION FEES   | 3                |                        |  |  |  |  |
| Application Type   | Fee (\$)  | imali Entity<br>Ese (\$) | Egg_(\$)   | Small Enti<br>Fee (\$)              | Ee <u>e (\$)</u>                            | Small Entity  | Fees Pal         | a /e\                  |  |  |  |  |
| Utility  | 300   | 150                      | 200  | 250                                 | 200   | Fee (\$)  | Lets Ly          | *7**1                  |  |  |  |  |
| Design   | 200   | 100                      | 100  | 50                                  | 130   | 65  | <del></del>      | <del></del>            |  |  |  |  |
| Plant  | 200   | 100                      | 300  | 150                                 | 160   | 80  |                  |                        |  |  |  |  |
| Reissue  | 300   | 150                      | 500  | 250                                 | 600   | 300   |                  |                        |  |  |  |  |
| Provisional  | 200   | 100                      | 0  | 0                                   | 000   | 0   |                  |                        |  |  |  |  |
| 2. EXCESS CLAIM FE   |   |                          | •  | •                                   |   |   | Rn               | nall Entity            |  |  |  |  |
| Fee Description  |   |                          |  |                                     | •   |   |                  | Ege (5)                |  |  |  |  |
| Bach claim over 20 (in   |   |                          |  |                                     |   |   | 50               | 25                     |  |  |  |  |
| Each independent clair   |   | Reissucs)                |  |                                     |   |   | 200              | 100                    |  |  |  |  |
| Multiple dependent els   | ims   |                          |  |                                     |   |   | 360              | 180                    |  |  |  |  |
|  |   |                          |  |                                     |   | · · · · · · · · · · · · · · · · · · ·                               |                  |                        |  |  |  |  |
|  | 23 - 24 = 0 x 50.00 = 0.  HP = highest number of total claims paid for, if greater than 20. |                          |  |                                     | 00 Fee (\$)                                 |   |                  | Fee Paid (\$)          |  |  |  |  |
|  |   |                          |  |                                     | 36  | 0.00  | 0.00             | 1                      |  |  |  |  |
| Indep Cleime E   |   | <del>2 (\$)</del> _ ·    | Fee Pa   |                                     |   |   |                  | j                      |  |  |  |  |
| HP = highest number of Ind   |   |                          | 0.0  | <u> </u>                            |   |   |                  |                        |  |  |  |  |
| 3, APPLICATION SIZE  |   | ··· ·· B··carcı nigi     | , 3.   |                                     |   |   |                  |                        |  |  |  |  |
| If the specification an  | d drawings exceed   | 100 sheets o             | f paper (e   | excluding elec                      | tronically file                             | ed sequence or  | computer         |                        |  |  |  |  |
| isings under 37 C  | FR 1.52(c)), the an   | plication size           | c fee due  | is \$250 (\$124                     | for small en                                | tity) for each a  | dditional 50     | Ì                      |  |  |  |  |
| sheets or fraction to  |   |                          |  |                                     |   |   |                  |                        |  |  |  |  |
| <u>Total Sheets</u><br>100 :   | Extra Sheeta  |                          |  | ditional 50 or fi                   |   |   | Fee Pai          | व ( <u>३)</u>          |  |  |  |  |
| 4. OTHER FEE(S)  |   |                          | ٠ (  | connoise to a w                     | noic number)                                | ×   | T                |                        |  |  |  |  |
| Non-English Specification, \$130 fee (no small cutity discount)  |   |                          |  |                                     |   |   |                  |                        |  |  |  |  |
| Other to a few diversity of the few and the few diversity of the few div |   |                          |  |                                     |   |   |                  |                        |  |  |  |  |
| Other (d.g., take rung surghage): 1251 Extension for response within first month 120.00  |   |                          |  |                                     |   |   |                  |                        |  |  |  |  |
| Signature Signature  | <del>/////////////////////////////////////</del>  | <del></del>              | TE   | Recistration No.                    | -4  |   |                  |                        |  |  |  |  |
| - ///  | monte   | ess                      |  | Registration No.<br>Attornoy/Agent) | 51,230                                      | Telephone   | (415) 268-5      | 824                    |  |  |  |  |
| Ima (Print/Type) Michael S. Garrabranta  |   |                          |  | Date November 30, 2006              |   |   | 2008             |                        |  |  |  |  |